

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 907447
Sacramento, CA 94203-4470

STREET ADDRESS:
1001 Street
Sacramento, CA 95814
Telephone: 323-5079

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

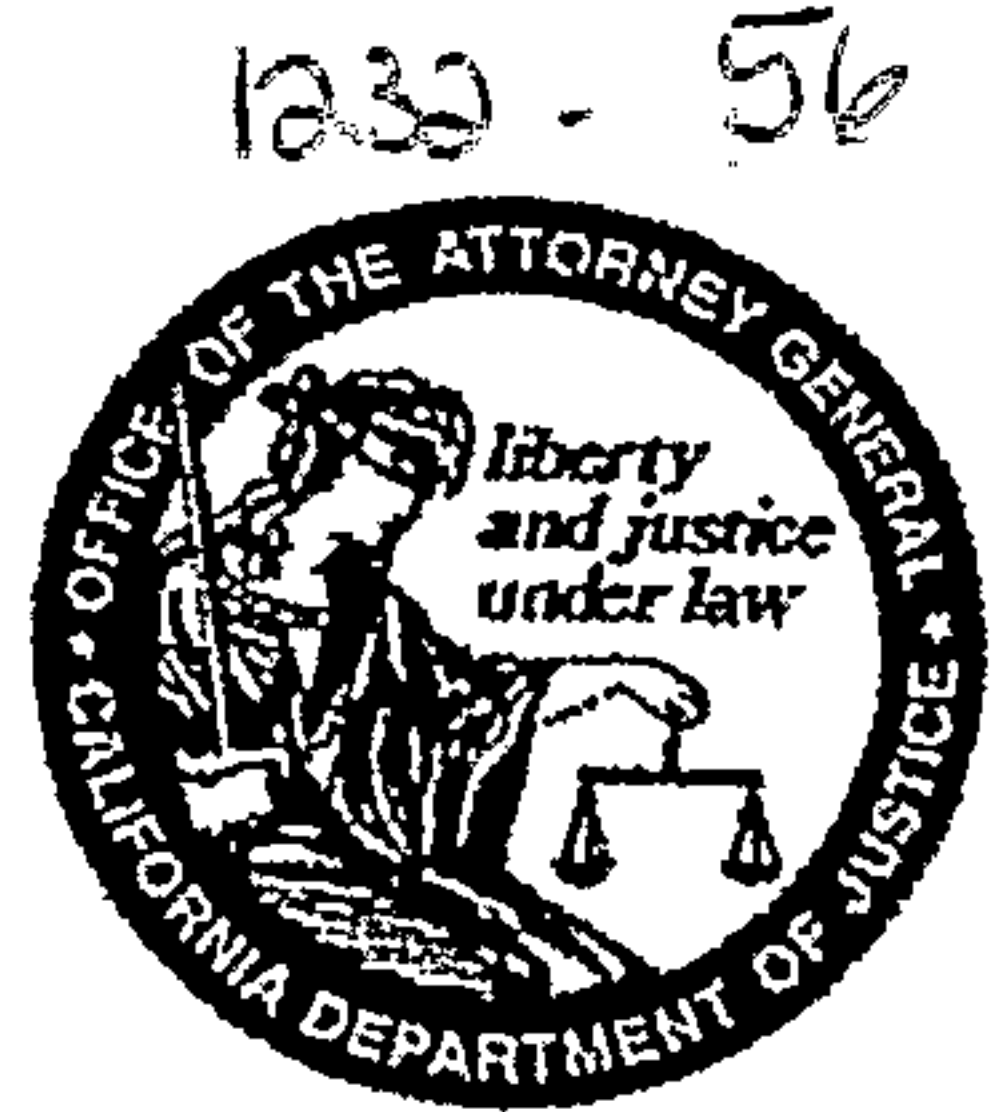
VEHICLE DONATION PROGRAM

ANNUAL FINANCIAL REPORT FOR 2003

(California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1.

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundraiser:

1232

RITEWAY CHARITY SERVICES
2505 FOOTHILL BLVD. #E
LA CRESCENTA, CA 91214

Name and Address of Charitable Organization:

CT No. _____

F.E.I.N. _____

95-6002795

San Gabriel Mission

Name of charity

428 S. Mission Drive

Address of charity

San Gabriel, CA 91776

City, State, and ZIP code of charity

Proceeds from (check one):

National Campaign ☐

California Campaign ☒

(Type of Activity)

held (on) (from)

(Date or dates must be shown)

REVENUE

A. Car/Truck Sales

B. Boat Sales

C. Real Estate Sales

D. Other sources: (Specify)

a. _____
b. _____
c. _____
d. _____

E. TOTAL REVENUE

465

A.

B.

C.

Da.

Db.

Dc.

Dd.

465

E.

EXPENSES

A. Fees or commissions paid by commercial fundraiser

B. Salaries

C. Payroll taxes

D. Employee benefits

E. Towing

F. Vehicle repairs

G. Parts

H. DMV Fees

I. Appraisals

J. Detailing

K. Advertising

L. Telephone

M. Other expenses: (Specify)

a. See attached
b. _____
c. _____
d. _____

47

24

4

22

1

3

6

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

K.

L.

Ma.

Mb.

Mc.

Md.

1. Distribution or net to charitable organization 315 3.
2. Less additional expenses relating to operation of vehicle donation program paid by charity _____ 4.
3. Total amount charity realized from operation of vehicle donation program 315 5.

4. (a) Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit?
☐ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization
Rev. Ralph B. Berg, CMF	SAN GABRIEL MISSION 428 S. MISSION DR S.G 91776	PASTOR
ALFRED SANCHEZ	" " "	BUSINESS MANAGER

(b) For each affiliation identified in 6(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (commercial fundraiser) HARRY DEUTSCH Printed name owner Title 2-5-04 Date

This report must be signed by two officers of the charitable organization for verification.

Signature of authorized officer/director (charity) Rev. Ralph B. Berg, CMF Printed name PASTOR Title 2-13-04 Date

Signature of authorized officer/director (charity) ALFRED SANCHEZ Printed name BUSINESS MANAGER Title 2-13-04 Date

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Charity:
San Gabriel Mission

M. Other Expenses

Facilities Charge	<u>12</u>
Permits	
Auto Expense	<u>4</u>
Depreciation	<u>2</u>
Insurance	<u>4</u>
Interest	
Legal & Professional	<u>1</u>
Repairs & Maint.	<u>1</u>
Supplies	<u>2</u>
Taxes & Licenses	<u>0</u>
Travel	
Utilities	
Accounting	<u>1</u>
Bank Charges	
Business Gifts/Promo.	
Computer expenses	<u>1</u>
Dues & Subscriptions	
Office Expense	
Outside Services	<u>2</u>
Payroll Fees	
Postage	<u>1</u>
Printing	<u>1</u>
Security	<u>1</u>
Storage	<u>2</u>
Other Expenses Total:	<u>\$43</u>